

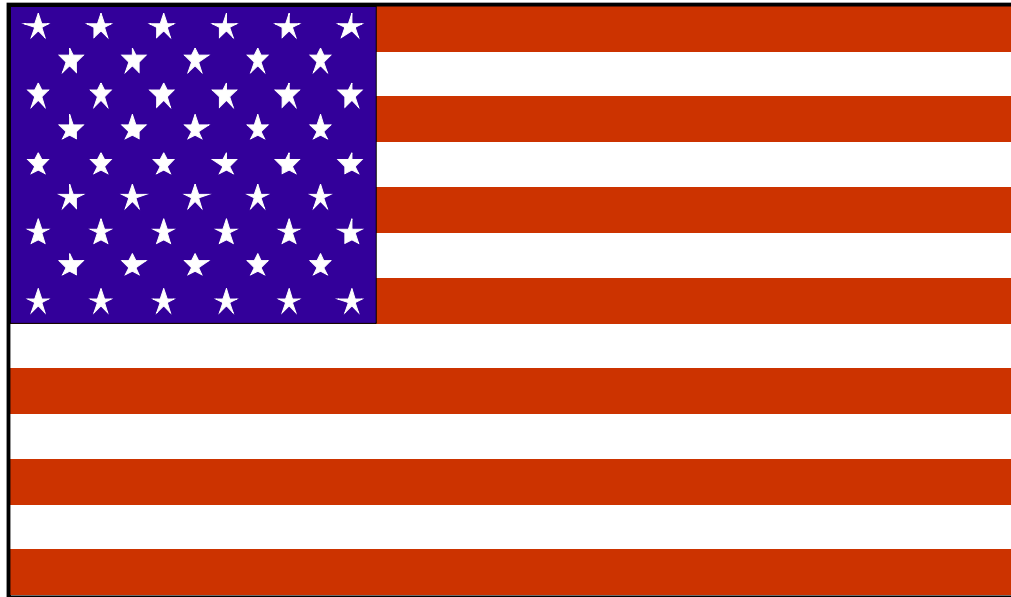
Federal Voting Assistance Program

2002 Voting Workshop

Presented to
Department of State and
Overseas Citizens Organizations

Federal Voting Assistance Program

Voting Workshop



Federal Voting Assistance Program

Year 2002 - Election of:



34 U.S. Senators

435 U.S. Representatives



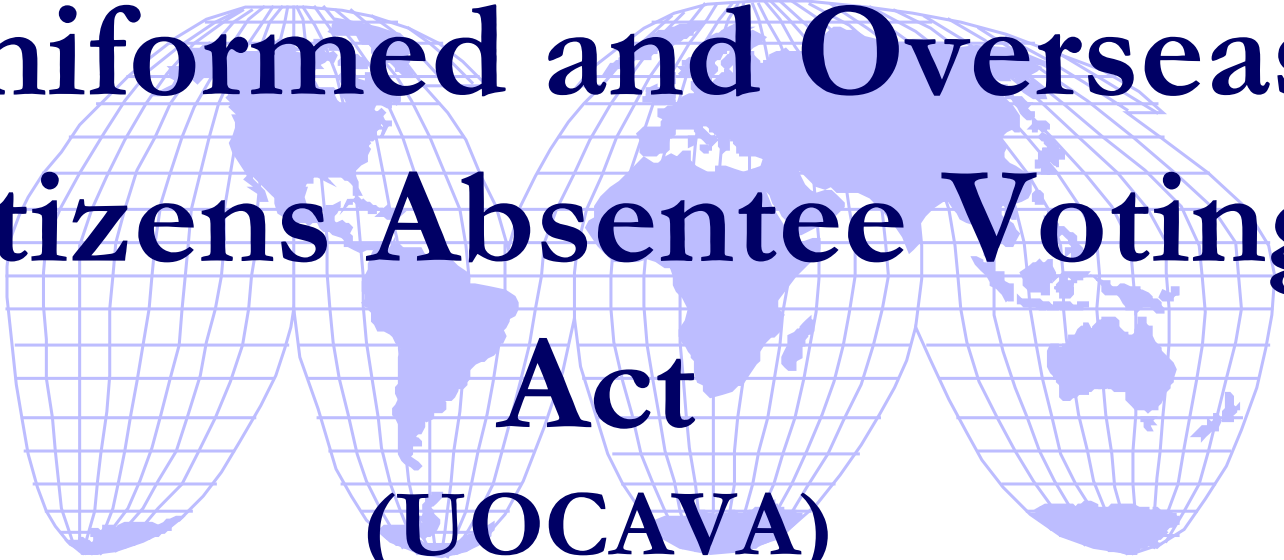
37 State Governors



Federal Voting Assistance Program

FVAP Mission is to Administer the:

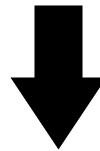
**Uniformed and Overseas
Citizens Absentee Voting
Act
(UOCAVA)**



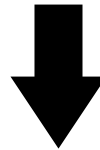
Federal Voting Assistance Program

**Uniformed and Overseas Citizens Absentee
Voting Act of 1986, Pub. L. No. 99-410**

PRESIDENT



SECRETARY OF DEFENSE



FEDERAL VOTING ASSISTANCE PROGRAM

Federal Voting Assistance Program

FVAP Mission is to:

- 1. Inform and Educate U.S. Citizens Worldwide of the Right to Vote**
 - 2. Foster Voting Participation**
 - 3. Protect the Integrity of and Enhance the Electoral Process**
- 

Federal Voting Assistance Program

UOCAVA Covers:

Members of the U.S. Uniformed Services



Federal Voting Assistance Program

UOCAVA Covers:

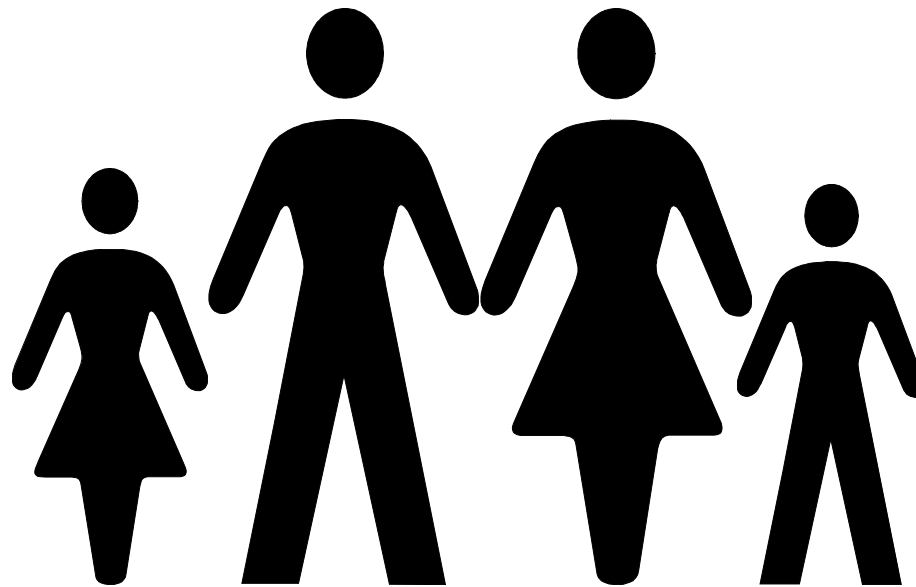
Members of the U.S. Merchant Marine



Federal Voting Assistance Program

UOCAVA Covers:

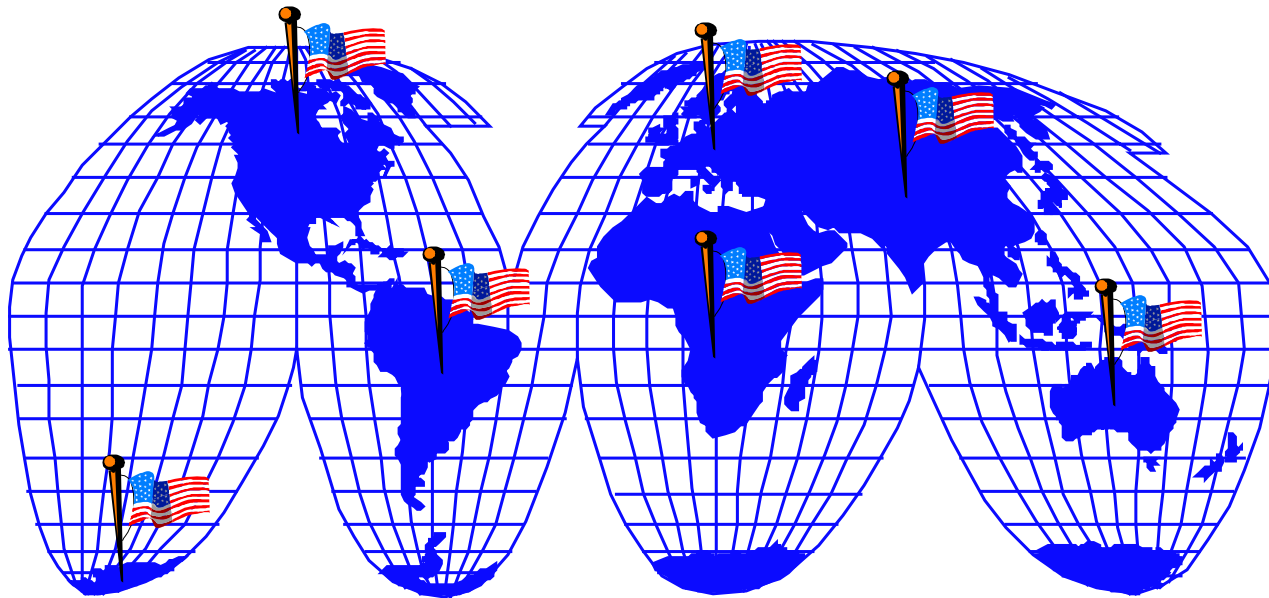
Family Members of all the Above



Federal Voting Assistance Program

UOCAVA Covers:

U.S. Citizens Residing Outside the U.S.



Federal Voting Assistance Program

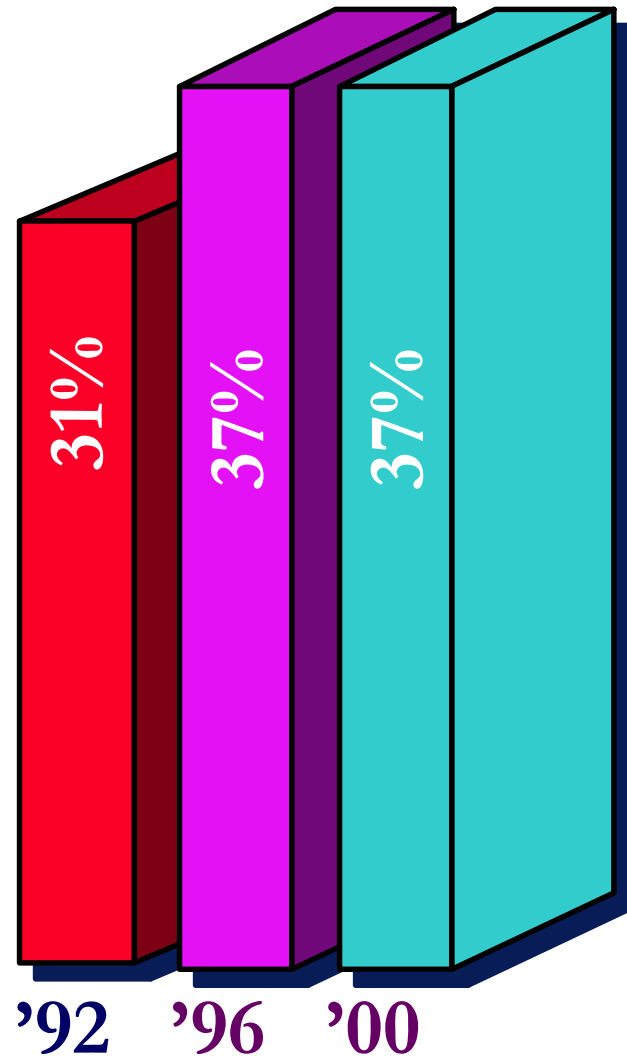
UOCAVA Covers:

More than Six Million Potential Voters!

- 
- 3.7 Million Overseas Civilians, Not Affiliated with the Government**
 - 1.4 Million Military**
 - 1.3 Million Military Dependents of Voting Age**
 - .1 Million Federal Civilian Employees Overseas**

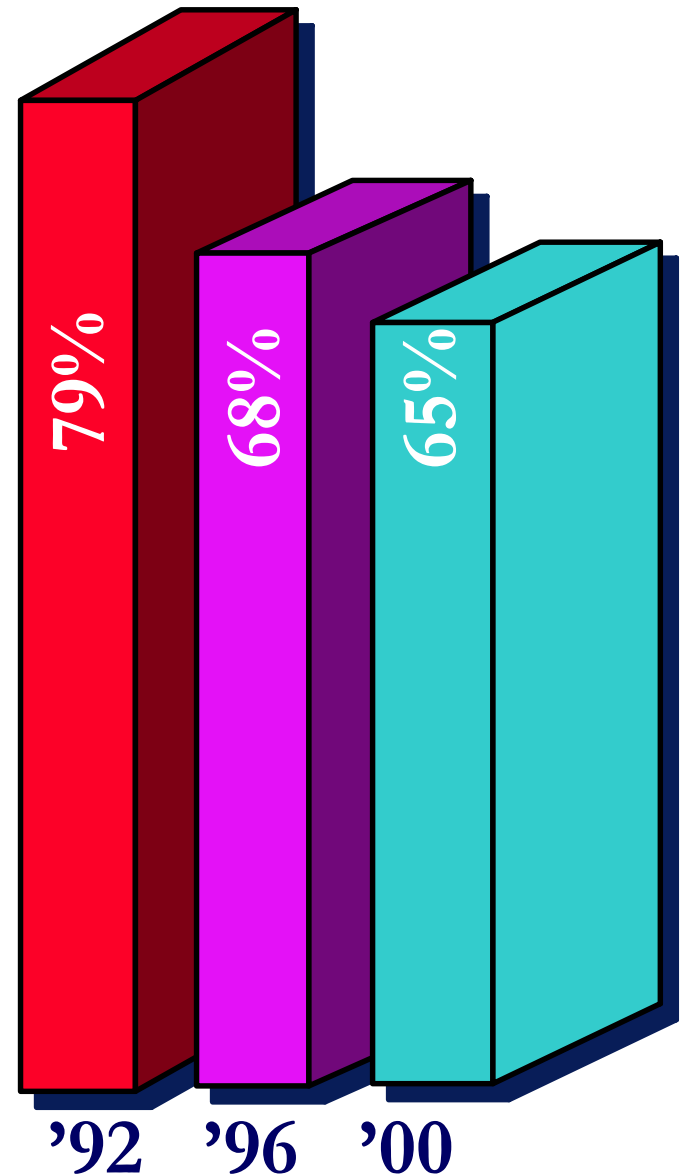
Federal Voting Assistance Program

Overseas Civilian Participation 1992-2000



Federal Voting Assistance Program

**Federally
Employed
Overseas
Civilian
Participation
1992-2000**



Federal Voting Assistance Program

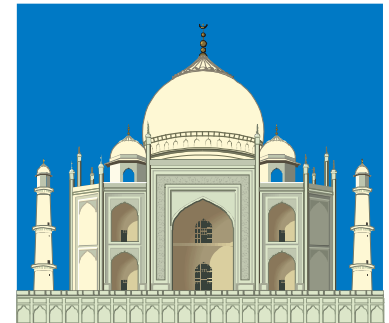
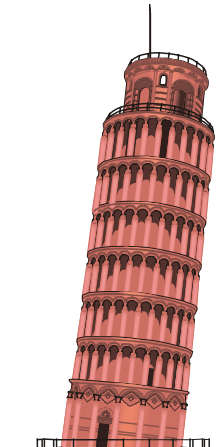
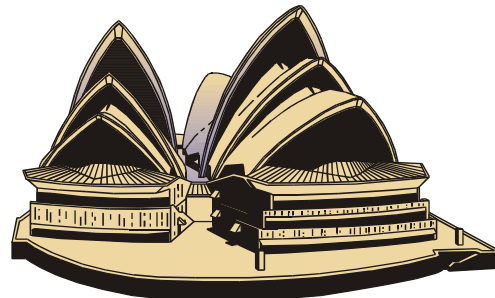
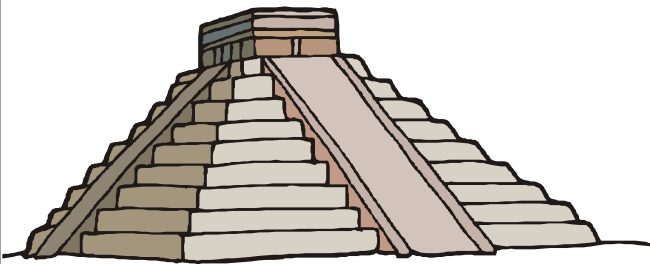
2002-03 Voting Action Plan

- Signed by the Secretary of Defense
- Each Executive Branch Agency has an internal Voting Action Plan
- Get a copy from your Voting Action Officer

Federal Voting Assistance Program

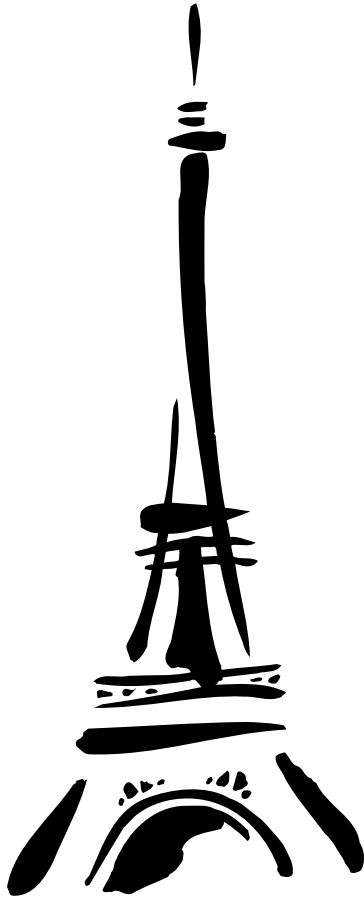
Overseas Citizens' Voters' Week

June 30 – July 6, 2002

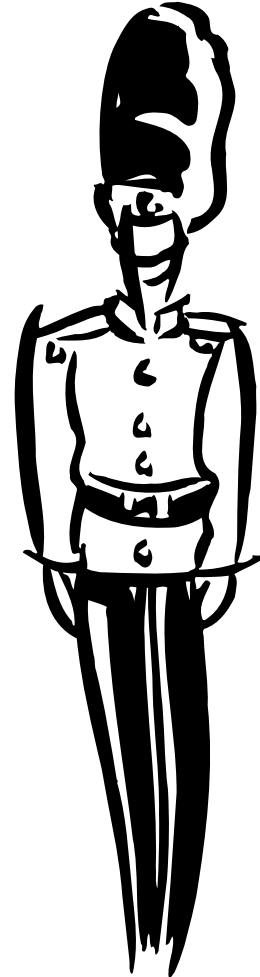


Federal Voting Assistance Program

International Outreach



European
Steering
Committees
Established



Federal Voting Assistance Program

International Corporate Outreach



JPMorgan



KORN/FERRY INTERNATIONAL



Griffin Trading Company

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Political Activity and the Federal Employee

- U.S. Office of Special Counsel
- The Hatch Act, Title 5 U.S.C. Sec. 7321
- <http://www.osc.gov/hatchact.htm>
- Contact: 1-800-85-HATCH
- E-mail: Hatchact@osc.gov

Federal Voting Assistance Program

www.fvap.ncr.gov or www.fvap.gov

Federal Voting Assistance Program (FVAP)

[Absentee Voting
Topics](#)

[Frequently Asked
Questions](#)

[State by State Instructions](#)

[Communicating with
Your Elected Officials](#)

[FVAP Publications/On-
Line Form](#)

[What is my County?](#)

[Toll Free Numbers to the
FVAP Offices in
Washington, DC](#)

[Election Links](#)

[Additional Resources](#)

[Information for
Armed Forces](#)

This web site provides information to US citizens covered by the [Uniformed and Overseas Citizens Absentee Voting Act \(UOCAVA\)](#). If you are not an [UOCAVA](#) citizen, and wish to vote absentee as a regular state voter, please [click here for links to State Election Sites](#). If you wish to vote in person, please contact your local county election official (listed in the Government Pages of the telephone book).

[Meet the Federal Voting Assistance Program](#)

The new [2002-03 Voting Assistance Guide](#) is now available!



Federal Voting Assistance Program

2002-03 Voting Assistance Guide



*On-line at
www.fvap.ncr.gov
or
www.fvap.gov*

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Federal Voting Assistance Program

2002-03 Voting Assistance Guide



Let your voice be heard

INTRODUCTION

Purpose and Scope

This edition of the *Voting Assistance Guide* is designed to help the following persons participate in U.S. primary and general elections during 2002 and 2003 even though they may not be able to vote in person at the polls:

- Members of the U.S. Uniformed Services, which includes the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration;
- Members of the U.S. merchant marine;
- Family members of the above;
- U.S. Citizens residing outside the U.S.

Sources of Assistance

Absentee voting information in this *Guide* is current through September 2001. Procedures or primary election dates that change after publication will be updated through the Federal Voting Assistance Program's (FVAP) World Wide Web site at www.fvap.gov as they are received. These changes are also disseminated by voting news releases distributed to voting assistance personnel in all Federal government departments and agencies with voting assistance programs. The same channels will be used to disseminate information about special and other elections.

In addition, the Voting Information Center (VIC) provides a 24 hour recorded service with information on current and upcoming elections, recorded messages from incumbent U.S. Senators, U.S. Representatives, State Governors and State Chief Election Officials. Thirty days prior to an election, messages from Congressional and Gubernatorial candidates are also available. The VIC telephone numbers are (800) 438-8683, (703) 588-1343 or DSN 425-1343. The VIC can also be called toll-free from overseas on any of the numbers listed on the inside back cover.

Each Military Department, the Coast Guard, and the Department of State has a Voting Action Officer to assist unit Voting Assistance Officers and Embassy/Consulate Voting Assistance Officers with any questions or problems they may have concerning voting. The following information will help you contact your Voting Action Officer:

ARMY James Davis HQDA (TAPC-PDO-IP) ATTN: Voting Program Coordinator Hoffman Building #2, Room 3840 200 Shoval Street Alexandria, VA 22332-0474 DSN 221-4530 (703) 325-4530 FAX (703) 325-4532 davisj@hoffman.army.mil	NAVY John Hillie Navy Personnel Command (ERS-6662) 5720 Integrity Drive ATTN: Voting Action Officer Millington, TN 38055-6000 DSN 882-4360 (901) 874-4360 1-800-368-5056 FAX (901) 874-2680 John.Hillie@persnet.navy.mil	AIR FORCE TSgt Sophia Barnard HQ AFPC/DPSF ATTN: Voting Action Officer 550 C Street West, Suite 35 Randolph AFB, TX 78150-4737 DSN 665-2563 (210) 565-2563 1-800-558-1404 1-800-558-1404 DSN FAX 665-2543 FAX (210) 565-2543 Sophia.Barnard@afpc.randolph.af.mil
MARINE CORPS GySgt Kenneth B. Warford CMC (MHP), HQ Marine Corps ATTN: Voting Action Officer Manpower & Reserve Affairs Code (MRP) 3280 Russell Road Quantico, VA 22134-5103 DSN 278-9511 (703) 784-9511 FAX DSN 278-9828 FAX (703) 784-9827 warfordkb@manpower.mar.mil	COAST GUARD Commandant (G-WPM-1) U.S. Coast Guard ATTN: Voting Action Officer MCPO Jeff Creighton 2100 2nd Street S.W., Room 5500 Washington, D.C. 20593-0001 (202) 267-1636 FAX (202) 267-4823 jcreighton@ccmdr.uscg.mil	DEPARTMENT OF STATE Jack Markey, Chief Office of Overseas Citizens Service 2201 C Street, N.W., Room 4811 Washington, D.C. 20520 (202) 736-4037 FAX (202) 647-6201 MarkeyJD@state.gov Stuart Denyer, Deputy (202) 607-3495 Denyerst@state.com

Federal Voting Assistance Program

2002-03 Voting Assistance Guide



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CHAPTER TWO

INSTRUCTIONS FOR VOTING ASSISTANCE OFFICERS

OVERVIEW

This chapter provides more specific information and/or instructions on:

1. The Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)
2. The Absentee Voting Process
3. Registration and Ballot Request
4. Requirements for Voting, Establishing Voting Residence and Registration
5. Completing the Federal Post Card Application (FPCA)
6. Mailing the FPCA
7. Electronic Transmission of Election Materials
8. Ballot Receipt and Late Counting
9. Ballot Delays
10. Marking and Mailing the Ballots
11. The Federal Write-In Absentee Ballot (FWAB)
12. State Special Write-In Absentee Ballot
13. Voting in Person
14. Late Registration
15. Reporting Irregularities
16. FVAP Reports to the President and Congress
17. Other Ways to Obtain a Ballot and Vote
18. Providing Information on Candidates & Issues
19. VAO Restrictions on Distributing Partisan Information
20. How to Implement a Voting Assistance Plan
21. The Scope of a Civilian Voting Assistance Plan
22. The Scope of a Military Installation Voting Assistance Plan
23. Problems Experienced in processing FPCAs by Local Election Officials

1. The Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)

The Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA) allows certain U.S. citizens to vote absentee. A complete text of the UOCAVA is in Appendix D.

The UOCAVA applies to:

- Members of the U.S. Uniformed Services (on active duty) and merchant marine
- Their family members
- U.S. citizens residing outside the U.S.

Members of the U.S. Uniformed Services or merchant marine and their family members may vote absentee while away from their place of voting residence, wherever stationed, within or outside the United States.

The UOCAVA also applies to U.S. citizens residing outside the United States and its territories. These citizens may vote in the state or territory where they last resided immediately prior to departing the United States, even if many years have elapsed and the citizen maintains no residence in the state or territory and the intent to return to that state or territory may not be certain. Most states and territories permit these citizens to vote in elections for Federal offices only although some states may send a ballot containing local, state and Federal offices.

The UOCAVA provides that voting for Federal offices shall not affect the determination of the voter's place of residence for purposes of any tax imposed under Federal, state or local law. Liability for state income tax, however, may be incurred in some states by voting absentee in state or local elections. To assess the probability of incurring state taxes on income earned outside the United States, see Appendix E and consult legal counsel for details.

The Federal Voting Assistance Program (FVAP) encourages citizens to bring problems encountered in the voting process to the attention of the Embassy or Consulate Voting Assistance Officers. If a problem cannot be resolved locally, then contact the FVAP.

The two major political parties in the United States (Democratic and Republican) have branches in many countries throughout the world. Further information concerning overseas political activities by either the

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TEXAS

The Federal Post Card Application (FPCA) is the primary form for requesting registration and/or an absentee ballot from your local election official. Read all instructions printed below and on the FPCA before completing and signing your application.

FEDERAL POST CARD APPLICATION

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)	
APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____	
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.	
APPLICANT INFORMATION (See instruction 1.) TYPED OR PRINTED NAME (Last, First, Middle Initial) _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE _____ DATE OF BIRTH _____ a. SOCIAL SECURITY NUMBER _____ (OTHER IDENTIFICATION NO. (passport, ID card) _____) I LAST VOTED at PLACE OF LAST REGISTRATION (do not leave this section blank. See instructions.) EARL D. COUNTY, CITY, OR TOWNSHIP _____ STATE S. VOTER REGISTRATION NO. (if known) _____	
VOTING RESIDENCE (For military, legal residence. For overseas citizens, last residence in U.S. IF USING RURAL ROUTE, SEE INSTRUCTIONS.) NUMBER AND STREET (Do not use Post Office Box) _____ CITY, TOWN OR VILLAGE _____ COUNTY OR PARISH _____ (ZIP CODE (9-digits, if known) _____) MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.) _____ YOUR FAX NUMBER (if this application is faxed, include all international prefixes. See instructions.) _____	
6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.) I am a member of the _____ political party.	
7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.) _____	
8. AFFIRMATION BY APPLICANT I, _____, do hereby affirm, under penalty of perjury, that I am: (See instructions) a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent. b. a U.S. citizen temporarily residing outside the U.S. c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent. d. other U.S. citizen residing outside the U.S. e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribed to any required state/local oath or statement. f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated. g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S. h. The information on this form is true and complete. I SIGNATURE OF APPLICANT _____ DATE _____ YOUR SIGNATURE _____ DATE SIGNED _____ 9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law) _____ DATE SIGNED _____	

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Application Instructions

Shaded letters on the form above correspond to the instructions below. You must complete all shaded areas.

Do not leave blank. Enter "N/A" if not applicable if you are a first time voter.

Provide the complete street address of your Texas voting residence. A post office box is not sufficient. If your address includes a rural route, describe its location in Item 7. For example: "on Highway _____, 2 miles _____ Highway _____, across the street from the _____ station." This address must be different from the address provided in Item 4 and must be within the county or township where you claim legal voting residence.

Print the complete address where you want your ballot sent - usually your current mailing address. The mailing address must be an address outside the county voting residence or an address anywhere in the U.S., including an address within the county of voting resi-

dence) used for forwarding or delivery of an early voting ballot to you at a location outside the U.S.

D. If you do not list a party affiliation, you cannot vote in primary elections. You must indicate your political party affiliation when applying for a primary ballot (Example: Democrat, Republican) or write "none" in Item 6 of the FPCA. Political party affiliation is not required if you request early voting ballots only for general elections.

E. If the address given in Item 4 is within the county of your voting residence, you must state that the ballot-ing materials will be forwarded to you at an address outside the U.S. If you want a state special write-in ballot in lieu of an officially printed ballot, you must include a statement to that effect (military only).

F. Check ONE box.

G. The applicant must sign and date the FPCA for it to be processed by the local election official.

Federal Voting Assistance Program

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Instructions continue in Section III: Uniformed Services & Civilians Outside U.S.

II. CIVILIANS OUTSIDE U.S.

A. Who Can Do It

These procedures apply to persons who are U.S. citizens, residents of Missouri and overseas electors. The term "overseas elector" means a U.S. citizen who resides outside the U.S. and (but for such residence) would be qualified to vote in Missouri.

- civilian employees of the U.S. Government residing overseas and their spouses and dependents (for local, state and Federal office ballots)
- members of religious or welfare groups attached to the military overseas and their spouses and dependents (for local, state and Federal office ballots)
- other Missouri residents temporarily residing outside the U.S. (for local, state and Federal office ballots)
- overseas electors (for Federal office ballots only)

B. Registering and Requesting an Absentee Ballot

You may use a single FPCA to request absentee ballots for both the primary and general elections in a calendar year.

You are not required to register, but you may **register permanently and request an absentee ballot** by sending a completed FPCA to the local election official requesting the state registration card in time to receive the state registration card, fill it in and return it to the local election official so that it arrives not later than the fourth Wednesday (27 days) before the election. Upon timely return of the state registration card, the local election official will send you an absentee ballot.

If you are a **Missouri resident temporarily residing outside the U.S., are not affiliated with the U.S. Federal Government** and wish to receive a ballot for local, state and Federal offices (instead of a ballot for Federal offices only), you must permanently register to receive such ballot. Otherwise, you will be treated as an overseas elector and will be sent a ballot for Federal offices only.

To request an absentee ballot only, send a completed FPCA to the local election official so that it arrives not earlier than the sixth Tuesday (42 days before the election) and not later than the Wednesday before the election. All applications for absentee ballots received prior to the sixth Tuesday before an election will be stored by the local election official until such time as the applications are processed.

If you are an overseas elector, you are eligible to vote for Federal offices only and your application for an absentee ballot must be received not later than 5 p.m. on the Wednesday prior to election day.

C. Casting Your Vote

Ballot Return Deadline: Return the voted ballot to the local election official so that it arrives before 7:00 p.m. on election day.

Local election officials mail ballots beginning 42 days prior to the election. Local election officials will send ballots for Federal offices only to overseas electors, and to those temporarily overseas persons who did not timely complete the permanent registration procedure.

If you have not received your state ballot in a timely manner, use the **Federal Write-In Absentee Ballot**. See instructions in Chapter 2, page 12.

D. Notary/Witness Requirements

FPCA: No notary or witness required.

State Registration Card: The state registration card used to register permanently must be witnessed by a notary public or other officer authorized by law to administer oaths.

Ballot Return Envelope: No notary or witness required.

E. Electronic Transmission of FPCAs and Ballots

- Some Missouri counties may allow you to send the FPCA application for an absentee ballot by fax. After faxing, submit the FPCA by mail.
- Missouri does not allow you to receive the blank ballot by fax.
- Missouri does not allow you to return the voted ballot by fax.

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170 MISSOURI

2002-03 VOTING ASSISTANCE GUIDE

DSN 223-5527
(703) 693-5527
1-800-368-8683

Your spouse, grandparents, parent, brother, sister, child or grandchild may request (in person to the local election official) that an absentee ballot be mailed to you.

Missouri provides a state special write-in absentee ballot available 90 days before a general election if you will be unable to vote by any other means due to living in an isolated or extremely remote area of the world.

You must request the special write-in ballot within 30 days of a general election. Vote this ballot by writing in a party preference or the names of specific candidates.

III. UNIFORMED SERVICES & CIVILIANS OUTSIDE U.S.

Persons imprisoned, on probation or parole for a felony, convicted of an election law violation, or found incapacitated (with loss of voting rights) may not register or vote.

Registration is canceled if a voter fails to respond to a confirmation notice and then fails to vote by the second general election occurring after the notice.

Members of the Armed Forces and merchant marine, civilian employees of the U.S. Government working outside the U.S. and members of religious or welfare organizations assisting Service members who have been honorably discharged or terminated from their service within sixty days of an election, are eligible to vote in that election.

Verification notices are sent within seven (7) working days of receipt of application. Rejection notices are sent within seven (7) working days of receipt of applications.

Mail your FPCA to the County Clerk in the city or county of your legal voting residence, listed as follows (unless otherwise noted):

City	Mailing Address	Zip Code

[illegible]

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)			
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)		b. SEX	c. RACE
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)			
a. YEAR	b. COUNTY, CITY, OR TOWNSHIP	c. STATE	d. VOTER REGISTRATION NO. (if known)
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)		e. LAST DATE OF RESIDENCY	
b. NUMBER AND STREET (Do not use Post Office Box)		c. CITY, TOWN OR VILLAGE	
d. STATE		e. COUNTY OR PARISH	
f. ZIP CODE (9 digit, if known)			
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)			
6. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)			
6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)			
7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)			
8. AFFIRMATION BY APPLICANT (X only one: a., b., c., or d.) I swear/affirm, under penalty of perjury, that I am: (See instructions.)			
a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.			
b. a U.S. citizen temporarily residing outside the U.S.			
c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.			
d. other U.S. citizen residing outside the U.S.			
e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.			
f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.			
g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.			
h. The information on this form is true and complete.			
9. SIGNATURE OF APPLICANT		j. DATE	
X		M N D Y Y Y	
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)			
DATE SIGNED			
M N D Y Y Y			

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

The Federal Post Card Application (FPCA, SF-76)

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)
APPLICATION FOR STATE OF Louisiana **COUNTY OF** Baton Rouge **CITY OR TOWNSHIP OF** East Baton Rouge
REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

d. DATE OF BIRTH		e. SOCIAL SECURITY NUMBER		f. OTHER IDENTIFICATION NO. (passport, ID card)	
M M D D Y Y					
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)					
a. YEAR		b. COUNTY, CITY, OR TOWNSHIP		c. STATE	
				d. VOTER REGISTRATION NO. (if known)	
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)				e. LAST DATE OF RESIDENCY	
				M M D D Y Y	
b. NUMBER AND STREET (Do not use Post Office Box)					
c. CITY, TOWN OR VILLAGE					
d. STATE					
e. COUNTY OR PARISH				f. ZIP CODE (9 digit, if known)	
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)					
5. YOUR FAX NUMBER (if this application is faxed, include all international prefixes. See instructions.)					
8. AFFIRMATION BY APPLICANT (X only one: a., b., c., or d.) I swear/affirm, under penalty of perjury, that I am: (See instructions.)					
a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.					
b. a U.S. citizen temporarily residing outside the U.S.					
c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.					
d. other U.S. citizen residing outside the U.S.					
a. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.					
f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.					
g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.					
h. The information on this form is true and complete.					
i. SIGNATURE OF APPLICANT				j. DATE	
X				M M D D Y Y	
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)					
DATE SIGNED					
M M D D Y Y					

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

State, County, City or Township

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	b. SEX	c. RACE	
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	b. SEX	c. RACE	
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
Jones, James Larry	M	B	
02-14-70	111-22-3333	444-5555-66	
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)		g. Other U.S. citizen residing outside the U.S.	
6. YOUR FAX NUMBER (if this application is faxed, include all international prefixes. See instructions.)		h. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.	
		i. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.	
		j. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.	
		k. The information on this form is true and complete.	
		l. SIGNATURE OF APPLICANT	
		m. DATE	
		n. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)	
		o. DATE SIGNED	

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Item 1: Applicant Information

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)		b. SEX	c. RACE
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)			
a. YEAR			
b. COUNTY, CITY, OR TOWNSHIP			
c. STATE			
d. VOTER REGISTRATION NO. (if known)			
e. CITY, TOWN OR VILLAGE			
f. STATE			
g. COUNTY OR PARISH			
h. ZIP CODE (9 digit, if known)			
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)			
a. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.			
b. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.			
c. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.			
d. The information on this form is true and complete.			
1. SIGNATURE OF APPLICANT			
X			
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)			
DATE SIGNED			
6. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)			

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Item 2: I Last Voted or Place of Last Registration

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	b. SEX	c. RACE	
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)		7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)	
a. YEAR	b. COUNTY, CITY, OR TOWNSHIP	c. STATE	d. VOTER REGISTRATION NO. (if known)
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)		8. AFFIRMATION BY APPLICANT (X only one: a., b., c., or d.) I swear/affirm, under penalty of perjury, that I am: (See instructions.)	
b. NUMBER	3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)		e. EXPIRATION DATE OF RESIDENCY 06-04-97
c. CITY, TOWNSHIP	b. NUMBER AND STREET (Do not use Post Office Box)		
e. COUNTY	Box 42, RR#5, One mile west of Route 23		
4. MAIL	c. CITY, TOWN OR VILLAGE	d. STATE	
	Baton Rouge	LA	
	a. COUNTY OR PARISH	f. ZIP CODE (9 digit, if known)	
	East Baton Rouge	70809-0042	
5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)		DATE SIGNED	
The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.			

Item 3: Voting Residence

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)		b. SEX	c. RACE
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)			
8. AFFIRMATION BY APPLICANT			
4. MAIL ABSENTEE BALLOT TO: (Writing address where you want the ballot to be sent.)			
James Larry Jones			
31 Redcliff Gardens SW7			
London			
United Kingdom			
5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)		DATE SIGNED	
The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.			

Item 4: Mail Absentee Ballot To:

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST
APPLICATION FOR STATE OF _____ COUNTY OF _____
I REQUEST ABSENTEE BALLOTS

1. APPLICANT INFORMATION (See instruction 1.)
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)
b. DATE OF BIRTH
c. SOCIAL SECURITY NUMBER
d. OTHER IDENTIFICATION NUMBER

2. I LAST VOTED or PLACE OF LAST REGISTRATION (a. YEAR b. COUNTY, CITY, OR TOWNSHIP c. STATE)

3. _____

4. MAIL ABSENTEE BALLOT TO: _____
Jam _____
31 _____
Lo _____
Ur _____

5. YOUR FAX NUMBER _____ (See instruction 5 for required by state law)

DATE SIGNED _____
SIGNATURE

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Remember to notify
your LEO of
all address changes!

Item 4: Mail Absentee Ballot To:

Federal Voting Assistance Program

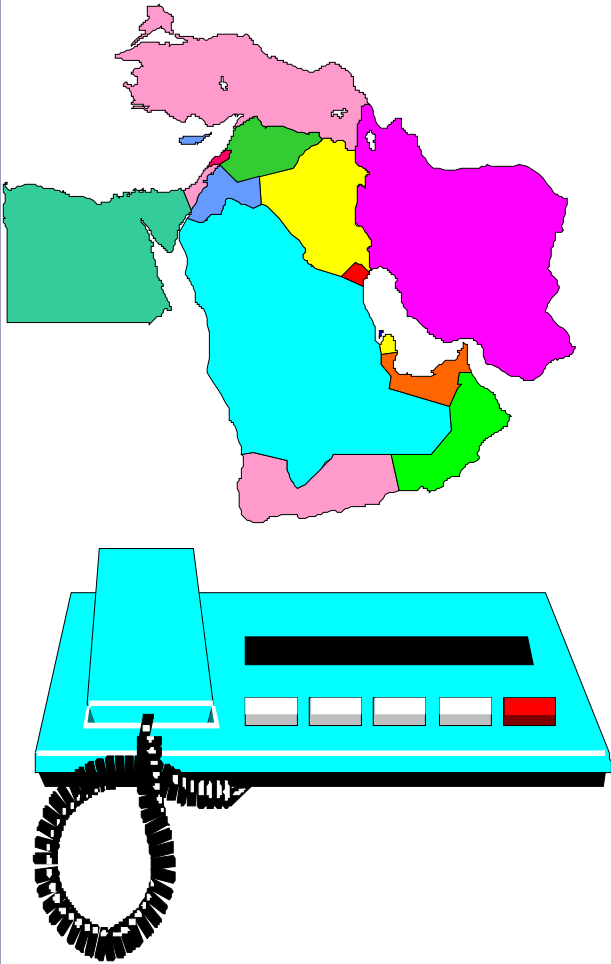
REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)			6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)		b. SEX	c. RACE
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
g. H M D P Y Y			
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)			
a. YEAR	b. COUNTY, CITY, OR TOWNSHIP	c. STATE	d. VOTER REGISTRATION NO. (if known)
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)			e. LAST DATE OF RESIDENCY
b. NUMBER AND STREET (Do not use Post Office Box)			g. H M D P Y Y
c. CITY, TOWN OR VILLAGE			d. STATE
e. COUNTY OR PARISH			f. ZIP CODE (9 digit, if known)
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)			
<div style="border: 2px solid red; padding: 5px;"> 6. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.) 011-12-34-345-6789 </div>			
5. YOUR			7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)
8. AFFIRMATION BY APPLICANT (X only one: a., b., c., or d.) I swear/affirm, under penalty of perjury, that I am: (See instructions.)			
a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.			
b. a U.S. citizen temporarily residing outside the U.S.			
c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.			
d. other U.S. citizen residing outside the U.S.			
e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.			
f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.			
g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.			
h. The information on this form is true and complete.			
9. SIGNATURE OF APPLICANT			10. DATE
The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.			

Item 5: Your Fax Number

Federal Voting Assistance Program

Faxing Service

Check
the
Voting
Assistance
Guide



Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)			
Democrat			
a. YEAR	b. COUNTY, CITY, OR TOWNSHIP	c. STATE	d. VOTER REGISTRATION NO. (if known)
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)		e. LAST DATE OF RESIDENCY	
		U M D D Y Y	
b. NUMBER AND STREET (Do not use Post Office Box)			
c. CITY, TOWN OR VILLAGE		d. STATE	
e. COUNTY OR PARISH		f. ZIP CODE (9 digit, if known)	
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)			
5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)			
8. AFFIRMATION BY APPLICANT (X only one: a., b., c., or d.) I swear/affirm, under penalty of perjury, that I am: (See instructions.)			
a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.			
b. a U.S. citizen temporarily residing outside the U.S.			
c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.			
d. other U.S. citizen residing outside the U.S.			
e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.			
f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.			
g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.			
h. The information on this form is true and complete.			
i. SIGNATURE OF APPLICANT		j. DATE	
X		M N D D Y Y	
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)			
DATE SIGNED			
M N D D Y Y			

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Item 6: Political Party Affiliation

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)		6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)		b. SEX	c. RACE
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)			
<p>My mother's Local Phone number - (225) 123-4567 Martha Jones</p> <p>My e-mail address jljones@companyname.com</p> <p>Also known as (or maiden name)</p>			
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)		f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.	
		g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.	
		h. The information on this form is true and complete.	
		i. SIGNATURE OF APPLICANT	
		X	
		j. DATE	
		M N O P Q R S T U V W X Y Z	
5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)		9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)	
		DATE SIGNED	
		M N O P Q R S T U V W X Y Z	

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Item 7: Remarks

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)									
APPLICATION FOR STATE OF _____	COUNTY OF _____ CITY OR TOWNSHIP OF _____ §								
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.									
1. APPLICANT a. TYPED OR PRINTED NAME _____ b. DATE OF BIRTH (M N D Y) _____ 2. I LAST VOTED IN _____ a. YEAR _____ b. COUNTY _____ 3. VOTING RESIDENCE IN U.S. _____ b. NUMBER AND STREET _____ c. CITY, TOWN OR VILLAGE _____ e. COUNTY OR PARISH _____ 4. MAIL ADDRESS _____ 5. YOUR FAX _____	8. AFFIRMATION BY APPLICANT <i>(X only one: a., b., c., or d.)</i> I swear/affirm, under penalty of perjury, that I am: (See instructions) <table border="1"> <tr> <td><input type="checkbox"/></td> <td>a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>b. a U.S. citizen temporarily residing outside the U.S.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>d. other U.S. citizen residing outside the U.S.</td> </tr> </table> <p>a. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.</p> <p>f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.</p> <p>g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.</p> <p>h. The information on this form is true and complete.</p> <p>I. SIGNATURE OF APPLICANT _____ J. DATE _____</p> <p>X James L. Jones 08-07-02</p>	<input type="checkbox"/>	a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.	<input type="checkbox"/>	b. a U.S. citizen temporarily residing outside the U.S.	<input type="checkbox"/>	c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.	<input checked="" type="checkbox"/>	d. other U.S. citizen residing outside the U.S.
<input type="checkbox"/>	a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.								
<input type="checkbox"/>	b. a U.S. citizen temporarily residing outside the U.S.								
<input type="checkbox"/>	c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.								
<input checked="" type="checkbox"/>	d. other U.S. citizen residing outside the U.S.								
6. YOUR FAX _____ <small>The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.</small>									

Item 8: Affirmation by Applicant

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)			
APPLICATION FOR STATE OF _____		COUNTY OF _____	CITY OR TOWNSHIP OF _____ §
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.			
1. APPLICANT INFORMATION (See instruction 1.)			6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)		b. SEX	c. RACE
d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)	
M H D P Y Y			
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)			
a. YEAR	b. COUNTY, CITY, OR TOWNSHIP	c. STATE	d. VOTER REGISTRATION NO. (If known)
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)			e. LAST DATE OF RESIDENCY
b. NUMBER AND STREET (Do not use Post Office Box)			M H D P Y Y
c. CITY, TOWN OR VILLAGE			d. STATE
e. COUNTY OR PARISH			f. ZIP CODE (9 digit, if known)
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)			
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)			
			DATE SIGNED
			M H D P Y Y
5. AFFIRMATION BY APPLICANT (X only one: a., b., c., or d.) I swear/affirm, under penalty of perjury, that I am: (See instructions.)			
a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.			
b. a U.S. citizen temporarily residing outside the U.S.			
c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.			
d. other U.S. citizen residing outside the U.S.			
e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.			
f. I have not been convicted of a felony or other disqualifying offense, have not been adjudicated mentally incompetent, or if so, released.			
g. I have not been convicted of a crime involving ballot, or voting in any			
h. I have not been convicted of a crime involving the use and complete.			
i. DATE			
M H D P Y Y			
S AND SIGNATURE			
DATE SIGNED			
M H D P Y Y			

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Item 9: Witness / Notary Address and Signature

Federal Voting Assistance Program

FPCA Instructions and Local Election Official Mailing Address (flip-side)

SPECIFIC INSTRUCTIONS FOR COMPLETION (Continued)

5. YOUR FAX NUMBER. (Continued) INFORMATION. You must fax this form ONLY to one of the following numbers: (800) 368-6983 or (202) 693-6627 or DSH (Military) 223-6627. If your state does NOT allow you to submit this form by fax, DO NOT transmit this form by fax, as it will not be processed.

6. POLITICAL PARTY AFFILIATION. This information is required by most states in order to vote in primary elections. In most states, if you do not complete this section, you will not be sent a ballot for primary elections. Consult your individual state section in the Voting Assistance Guide for more specific information regarding your state's policy. Political party affiliation is not required if you live in Alaska (unless you are voting in a Republican party primary), American Samoa, Guam, Hawaii, Idaho, Michigan, Minnesota, Montana, North Dakota, Vermont, Washington or Wisconsin, in order to vote in a primary election. You need not complete this section if your voting residence is in these states. If you want to indicate no affiliation or enrollment in a political party, write "unaffiliated."

7. REMARKS. Provide any information which may assist local election officials in approving the application such as maiden name, name and telephone number of a local contact person, etc. If you are requesting the special state write-in ballot, indicate here the reason you are requesting the special state write-in ballot, i.e., you are in an isolated area with sporadic mail service, submarine duty, etc. In Colorado, you must indicate if you are a native born or naturalized citizen of the United States.

8. AFFIRMATION BY APPLICANT. Place an X in only one block: a, b, c, or d. In most states, marking a, b, or c will get you a full ballot. Marking b or c generally means that at some future time you intend to rejoin again in that state. Marking block d, generally means that you were a resident of the state before departing the U.S., and your intent to return at some time in the future is uncertain. Marking block d, applies for a federal ballot only (if one is printed by the state). Federal law provides that no tax liability may be imposed based on exercising your right to vote in Federal elections. If you are a civilian citizen residing outside the U.S. and wish to avoid classifying yourself as a state resident for tax purposes, you should mark block d. If the state sends a full ballot because it does not print a separate federal ballot, you may vote the full ballot.

(Fold to outside)

Applicant name and complete address

Standard Form 76 (Rev. 10-95)
Issued under 42 U.S.C. 19731f et seq.
76-114
1988 edition may be used.

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IF THE U.S. MAILED - DMM E080

TO:

SOURCES OF ASSISTANCE

Block 8.f. In some states, a criminal conviction for a felony or certain misdemeanors, or an adjudication of mental incompetency disqualifies a person from voting, unless there has been a reinstatement of voting rights (if required by state law).
Block 8i. Sign at the X. Provide the date you completed the form.

9. WITNESS/NOTARY. Not all states require completion of this item. Consult your state section of the Voting Assistance Guide or your Voting Assistance Officer for your state's requirements. If you require more space to complete this item, use item 7. Remarks.

Assistance and information regarding the use and completion of this form, as well as specific state information may be obtained from Military Unit Voting Assistance Officers, U.S. Embassy and Consular Voting Assistance Officers, or organizations of U.S. citizens overseas.

The Voting Assistance Guide contains voting information on a state-by-state basis for those eligible to use this form. The Guide is also available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20452-1878.

NOTE TO ELECTION OFFICIAL

This is a return post card for your use. Please mark and fill in applicable items, sign your name, add your return address on reverse side, and return to the applicant.

THIS ACKNOWLEDGES RECEIPT OF YOUR POST CARD REGISTRATION AND ABSENTEE BALLOT REQUEST.

You will be sent an absentee ballot for the	election(s).
Your ballot(s) will be mailed approximately	
Your application is incomplete. Please provide the following information to complete your application:	
Your application could not be processed. Item(s)	must be completed.
Please resubmit a new application with all required items completed.	
A separate application must be submitted for each election.	
Other Comments	

Signature

Title

Date Signed



U.S. Postage Paid
39 USC 3406

PAR AVION

Federal Voting Assistance Program

SPECIFIC INSTRUCTIONS FOR COMPLETION (Continued)

6. YOUR FAX NUMBER. (Continued) INFORMATION. You must fax this form ONLY to one of the following numbers: (800) 368-6832 or (703) 993-6627 or DHS (Military) 223-6627. If your state does NOT allow you to submit this form by fax, DO NOT transmit this form by fax, as I will not be processed.

7. POLITICAL PARTY AFFILIATION. This information is required by most states in order to vote in primary elections. In most states, if you do not complete this section, you will not be sent a ballot for primary elections. Consult your individual state section in the Voting Assistance Guide for more specific information regarding your state's policy. Political party affiliation is not required if you live in Alaska (unless you are voting in a Republican party primary), American Samoa, Guam, Hawaii, Idaho, Michigan, Minnesota, Montana, North Dakota, Vermont, Washington or Wisconsin, in order to vote in a primary election. You need not complete this section if your voting residence is in these states. If you want to indicate no affiliation or enrollment in a political party, write "unaffiliated".

7. REMARKS. Provide any information which may assist local election officials in approving the application, such as maiden name, name and telephone number of a local contact person, etc. If you are requesting the special state write-in ballot, indicate here the reason you are requesting the special state write-in ballot, i.e., you are in an isolated area with sporadic mail service, submarine duty, etc. In Colorado, you must indicate if you are a native born or naturalized citizen of the United States.

8. AFFIRMATION BY APPLICANT. Place an X in only one block: (a), (b), (c), or (d). In most states, marking a, b, or c will get you a full ballot. Marking b, or c, generally means that at some future time you intend to reside again in that state. Marking block d, generally means that you were a resident of the state before departing the U.S., and your intent to return at some time in the future is uncertain. Marking block d, qualifies for a federal ballot only if one is granted by the state. Federal law provides that no tax liability may be imposed before exercising your right to vote in Federal elections. If you are a civilian citizen residing outside the U.S. and wish to avoid classifying yourself as a state resident for tax purposes, you should mark block (d). If the state sends a full ballot because it does not print a separate Federal ballot, you may vote the full ballot.

(Fold to outside)

Applicant name and complete address

Block 8.f. In some states, a criminal conviction, certain misdemeanors, or an adjudication of incompetency disqualifies a person from voting, unless reinstatement of voting rights is required by state law. Block 8.f. Sign at the X. Provide the state you are voting in.

9. WITNESS/NOTARY. Not all states require this. Consult your state section of the Voting Assistance Guide for more specific information. If your state requires more space to complete this item, use the back of the form.

This is a return post card for you to add your return address.

THIS ACKNOWLEDGES RECEIPT OF:

<input type="checkbox"/>	You will be sent an absentee ballot.
<input type="checkbox"/>	Your ballot(s) will be mailed.
<input type="checkbox"/>	Your application is incomplete. Please complete application.
<input type="checkbox"/>	Your application could not be processed. Please resubmit a new application.
<input type="checkbox"/>	A separate application must be submitted.
<input type="checkbox"/>	Other Comments

Signature

Applicant name and complete address

U.S. Postage Paid
39 USC 3406

PAR AVION

Standard Form 76 (Rev. 10-95)
Issued under 42 U.S.C. 19737f et seq.
76-114
1998 edition may be used.

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILES - DMM E080

TO: Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860

Local Election Official's Address

Mailing Address

Federal Voting Assistance Program

SPECIFIC INSTRUCTIONS FOR COMPLETION (Continued)

6. YOUR FAX NUMBER. (Continued) INFORMATION. You must fax this form ONLY to one of the following numbers: (800) 368-6993 or (703) 893-5627 or DSN Military: 223-6627. If your state does NOT allow you to submit this form by fax, DO NOT return this form by fax, as it will not be processed.

6. POLITICAL PARTY AFFILIATION. This information is required by most states in order to vote in primary elections. In most states, if you do not complete this section, you will not be sent a ballot for primary elections. Consult your individual state section in the Voting Absentee Guide for more specific information regarding your state's policy. Political party affiliation is not required if you live in Alaska. Further, you are voting in a Republican party primary, American Samoa, Guam, Hawaii, Idaho, Illinois, Minnesota, Montana, North Dakota, Vermont, Washington or Wisconsin, in order to vote in a primary election. You need not complete this section if your voting residence is in those states. If you want to indicate no affiliation or enrollment in a political party, write "unaffiliated."

7. REMARKS. Provide any information which may assist local election officials in approving this application such as maiden name, name and telephone number of a local contact person, etc. If you are requesting the spousal state write-in ballot, indicate here the reason you are unable to appear at the polls. (e.g., I am blind; I am overseas; I am in military service; etc.) Indicate if you are a resident of the United States to AFFIRM your intent to vote by mail. If b, c or d will generally meet the requirements, indicate appropriate means that, despite the time in the U.S. for a federal holiday, my ballot has been received. Federal election officials outside the U.S. as a state or territory, book B6, F, 3, not print a so-called ballot.

Block B.1. In some states, a criminal conviction, certain misdemeanors, or an adjudication of insanity disqualifies a person from voting, unless reinstatement of voting rights is required by state law. Sign at the X. Provide the date you were restored to full civil rights.

B. WITNESSEMENTARY. Not all states require this. Consult your state section of the Voting Absentee Guide for more specific information. Some states require more space to complete this item, use the back of the card.

This is a return post card for you and your return address.

THIS ACKNOWLEDGES RECEIPT OF

<input type="checkbox"/>	You will be sent an absentee ballot.
<input type="checkbox"/>	Your ballot(s) will be mailed.
<input type="checkbox"/>	Your application is incomplete.

Standard Form 76 (Rev. 10-95)
Issued under 42 U.S.C. 1973ff et seq.
76-114
1998 edition may be used.

**U.S. Postage Paid
39 USC 3406**

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IF THE U.S. MAILED - DMM E080

Citizen's Name and Current Mailing Address

TO: Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860

Standard Form 76 (Rev. 10-95)
Issued under 42 U.S.C. 1973ff et seq.
76-114

Return Address

Federal Voting Assistance Program

Local Election Official's Address

Citizen's Name and Current Mailing Address

Small Return Postcard (above registration)

Section Official name and complete address

Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860

**U.S. Postage Paid
39 USC 3406**

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAELS - DMM E080

Applicant name and complete address

TO: James Larry Jones
31 Redcliff Gardens SW7
London
United Kingdom

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD
APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OF _____
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE.

1. APPLICANT INFORMATION (See instruction 1.)
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)
b. SEX
c. RACE
d. DATE OF BIRTH
e. SOCIAL SECURITY NUMBER
f. OTHER IDENTIFICATION NO. (passport, ID card)

2. LAST YEAR

3. VOTING
a. NUMBER
b. CITY, TO
c. COUNTY

4. MAIL

5. YOUR

6. POLITICAL
most states to send
elections: See instructions.)

7. REMARKS
Information which will assist local election officials in determining eligibility to register and vote. See instructions.)

8. SIGNATURE
I am true and complete.
DATE SIGNED
SIGNATURE

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Federal Voting Assistance Program

Top Reasons FPCAs Cannot Be Processed:

Inadequate or No Legal Voting Residence Address

Inadequate or Illegible Current Mailing Address

Illegible Writing

Applied to Wrong Jurisdiction

Failure to Indicate Party Preference

No signature

Received Too Late

Form Not Completed

Federal Voting Assistance Program

Ombudsman Service

www.fvap.ncr.gov or www.fvap.gov

vote@fvap.ncr.gov or vote@fvap.gov

Toll Free Numbers in 59 Countries

1 - 800 - 438 - VOTE (8683)

On-Line FPCA

wish to receive your absentee ballot. Be sure to include APO or FPO (if applicable) and ZIP Code. If you will have a new address by the time registration forms or the ballot will be sent to you, be sure to list the new address.

5. YOUR FAX NUMBER: Your complete fax number (county and city code) is required if you or the local election official will be transmitting any of your election materials

require more space to complete this item / 7. Remarks

SOURCES OF ASSISTANCE

Assistance and information regarding the use and completion of this form, as well as specific state information may be obtained from military Unit Voting Assistance Officers, U.S. Embassy and Consular Voting Assistant offices, or organizations of U.S. citizens overseas.

REGISTRATION AND ABSENTEE BALLOT REQUEST APPLICATION (PCA)	
APPLICATION FOR STATE OF _____ §	
I REQUEST ABSENTEE BALLOT FOR MYSELF OR FOR _____	
1. APPLICANT INFORMATION (See instruction 1.)	
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	
d. DATE OF BIRTH MM DD YYYY	e. SOCIAL SECURITY NUMBER
2. I LAST VOTED or PLACE OF LAST REGISTRATION	
a. YEAR	b. COUNTY, CITY, OR TOWNSHIP
YYYY	
3. VOTING RESIDENCE (For residence in U.S., IF USING RURAL MAIL BOX)	
b. NUMBER AND STREET (Do not use Post Office Box)	
c. CITY, TOWN OR VILLAGE	
e. COUNTY OR PARISH	
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want ballot sent.)	
5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)	
6. SIGNATURE BY APPLICANT I declare under penalty of perjury, that I am: (See Instructions) of the Uniformed Services or merchant marine or an eligible spouse or dependent. b. a U.S. citizen regularly residing outside the U.S. c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent. d. other U.S. citizen residing outside the U.S. e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement. f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated. g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S. h. The information on this form is true and complete. i. SIGNATURE OF APPLICANT X j. DATE MM DD YYYY	
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)	
DATE SIGNED MM DD YYYY	

On-line at
www.fvap.ncr.gov
or
www.fvap.gov

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Federal Voting Assistance Program

The Federal Write-In Absentee Ballot (FWAB)

↓ REMOVE TAPE ON REVERSE AND FOLD HERE TO SEAL ↓

OFFICIAL FEDERAL WRITE-IN ABSENTEE BALLOT

SECURITY ENVELOPE

(ONLY PUT VOTED BALLOT
INSIDE THIS ENVELOPE)

Revised Form 100 OCT 03

↑ DETACH HERE, FOLD AND INSERT INTO SECURITY ENVELOPE ↑

OFFICIAL FEDERAL WRITE-IN ABSENTEE BALLOT

PRESIDENT/VICE PRESIDENT

U.S. SENATOR(S)*

U.S. REPRESENTATIVE/DELEGATE**/RESIDENT COMMISSIONER**

* Legal residents of the District of Columbia may vote only for President/Vice President and Delegate.
** Legal residents of American Samoa, Guam, Puerto Rico, and the Virgin Islands may vote only for non-voting Delegate or Resident Commissioner to the Congress.

ADDENDUM

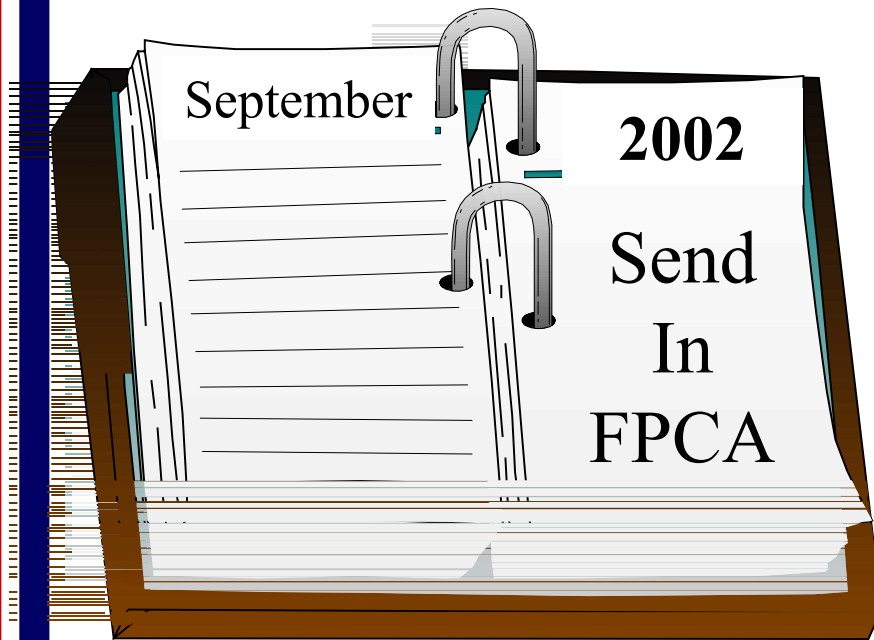
Some states allow the Federal Write-In Absentee Ballot to be used by military and overseas civilian voters in addition to the general instructions for offices other than Federal offices. Consult your state election or the Voting Assistance Guide to determine your state's policy. If you are eligible to use this ballot to vote for offices not included in the list above, please indicate in the space provided below the office for which you wish to vote (for example, Governor, Attorney General, Mayor, State Senator, etc.), and the name and/or party affiliation of the candidate(s) whom you wish to vote.

OFFICE	CANDIDATE NAME or PARTY AFFILIATION

Revised Form 100 OCT 03

The Federal Write-In Absentee Ballot

Conditions for use:



1. Voter's request for a regular state absentee ballot must be received by the local election official at least 30 days prior to the general election.

The Federal Write-In Absentee Ballot

Conditions for use:

2. Voter must meet all regular requirements for voting in his/her state of legal voting residence *and*

voter has not received the regular state absentee ballot.

Federal Voting Assistance Program

The Federal Write-In Absentee Ballot

Conditions for use:

3. Voter must be overseas and have a foreign mailing address, or APO/FPO postmark.



Federal Voting Assistance Program

Complete the Voter's Declaration/Affirmation

VOTER'S DECLARATION/AFFIRMATION			
General Information: Enter state, county, city/township/village where you are eligible to vote.			
Ballot for the State of <u>Louisiana</u>		County of <u>Baton Rouge</u>	City/Township/Village of <u>East Baton Rouge</u>
1. VOTER AFFIRMATION			
a. TYPE OR PRINTED NAME		b. SOCIAL SECURITY NUMBER	
<u>Jones James L. M.</u>		<u>444-55555-66</u>	
c. OTHER IDENTIFICATION NUMBER (Passport or other ID Card)		d. DATE OF BIRTH	
<u>444-55555-66</u>		<u>08-07-00</u>	
2. VOTING RESIDENCE (If military, legal residence, For overseas address, see residence in country/territory in 3.5.)			
a. NUMBER & STREET (If rural route, include number location of residence. Do not use Post Office box)		b. CITY, TOWNSHIP OR VILLAGE	
<u>Box 42, RR#5, 1 Mile W. of Rte. 23</u>		<u>Baton Rouge</u>	
c. COUNTY OR PARISH		d. ZIP CODE (Include 4 digits if known)	e. DATE OF REGISTRATION
<u>East Baton Rouge</u>		<u>LA 70809-0042</u>	<u>04-06-97</u>
3. ADDRESS (Complete military or overseas address)			
<u>31 Redcliff Gardens SW7</u>			
<u>London</u>			
<u>United Kingdom</u>			
4. I swear or affirm, under the penalty of perjury, that:			
a. I am a United States citizen, and eligible to vote in the above jurisdiction (Item 2).		d. My application for a regular absentee ballot was mailed in time to be received by the local election official 30 days prior to this election, or this requirement has been waived by appropriate authority.	
b. I have not been convicted of a felony or other disqualifying offense or been adjudged not mentally competent, or if so, my voting rights have been reinstated, I required by state law.		e. I have voted and sealed this ballot in private and have not allowed any person to observe the marking of this ballot, except for those authorized to assist voters under state or Federal law. I have not been influenced.	
c. I have not received the requested ballot.		f. I have mailed this ballot from outside the United States, or my state has made special provisions to allow me to mail this ballot from within the U.S.	
g. I understand that if my regular absentee ballot is received by the local election official in time to be counted, that ballot will be counted and this written ballot will be unused.		h. The information on this form is true and complete.	
i. I am not registering, requesting a ballot or voting in any other jurisdiction in the U.S.		j. I have not received a regular absentee ballot from any other jurisdiction.	
WITNESSES: SIGNATURE AND ADDRESS (If required by law)		APPLICANT SIGNATURE (Print name)	
		<u>x James L. Jones</u>	
		DATE SIGNED	
		<u>08-07-00</u>	
		M I N I S T R Y	

INSTRUCTIONS TO ELECTION OFFICIALS

This is an official Federal Write-In Absentee Ballot (FWAB) authorized by 42 USC 1973 H-2.

- Upon receipt of this ballot, examine the voter's declarations. If it appears that the voter is eligible to vote in your jurisdiction and has complied in a timely fashion for a regular absentee ballot, or this requirement has been waived by appropriate authority, then this ballot is valid unless you receive the voted regular absentee ballot in time for it to be counted. This ballot should be handled in the same manner as required by state law for other absentee ballots. If this ballot is to be counted, deposit the voted ballot in the ballot box without examining the voter's choices.
- The oath on this ballot is self-excluding and need not be notarized or witnessed, unless required by state law.
- Unless provided by law, or special provisions have been made, the ballot should not be counted if:
 - It was submitted from within the United States (an APO/FPO address is considered outside the U.S.); or
 - This voter's application for a regular absentee ballot was received by you less than 30 days prior to the election; or
 - This voter's completed regular absentee ballot was received by you by the state deadline for receipt of absentee ballots; or
 - This ballot is not received by the state deadline for receipt of voted absentee ballots.

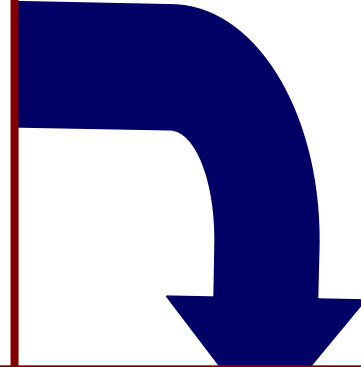
**Write in
candidate
names or
party of
choice on the
appropriate
line,
detach
& fold**



Figure 1: Schematic representation of the experimental design. The diagram shows a sequence of events: a fixation cross (500 ms), a stimulus (1000 ms), and a response period (1000 ms). The stimulus is a 1000 ms audio clip of a word. The response period is divided into two parts: a 500 ms period for the first response and a 500 ms period for the second response. The first response is a single word, and the second response is a word pair. The diagram also shows a timeline for the experiment, with a 1000 ms interval between the first and second responses, and a 500 ms interval between the second response and the next trial.

Federal Voting Assistance Program

**Insert Write-In
Ballot into
Security
Envelope**



**Remove
tape and
fold to seal
Security
Envelope**

The image shows a white security envelope with red text and borders. At the top, there are two red arrows pointing down towards a horizontal line, with the text "REMOVE TAPE ON REVERSE AND FOLD HERE TO SEAL" in red. Below this, the text "OFFICIAL FEDERAL WRITE-IN ABSENTEE BALLOT" is printed in red. Underneath that, "SECURITY ENVELOPE" is printed in red and underlined. Further down, the text "(ONLY PUT VOTED BALLOT INSIDE THIS ENVELOPE)" is printed in red. At the bottom left corner, there is small text that reads "Standard Form 156 (JULY 84)".

↓ REMOVE TAPE ON REVERSE AND FOLD HERE TO SEAL ↓

OFFICIAL FEDERAL WRITE-IN ABSENTEE BALLOT

SECURITY ENVELOPE

**(ONLY PUT VOTED BALLOT
INSIDE THIS ENVELOPE)**

Standard Form 156 (JULY 84)

Federal Voting Assistance Program

Address Mailing Envelope to Proper City, Town, or County Election Official

FROM:

(Voter name and current, complete military or overseas mailing address)

James Larry Jones

31 Redcliff Gardens SW7

London

United Kingdom



U.S. Postage Paid
\$9 USD 3426

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL

NO POSTAGE NECESSARY IF THE U.S. MAILED - DMM F080

Standard Form 100-1017-001
Issued under Public Law 96-481
- 88-102
88th edition may be used

MAILING ENVELOPE

VOTER

BEFORE YOU SEAL THIS MAILING ENVELOPE, CHECK THE FOLLOWING:

- ☐ 1. Compare the Voter's Declaration/Affirmation (on back of this envelope).
- ☐ 2. Sign and date the Voter's Declaration/Affirmation.
- ☐ 3. Vote your Ballot.
- ☐ 4. Put your voted Ballot in the Security Envelope, remove tape and seal Security Envelope.
- ☐ 5. Put the sealed Security Envelope in the Mailing Envelope.
- ☐ 6. Remove tape and seal the Mailing Envelope.
- ☐ 7. Put your name and current complete military or overseas mailing address in the "FROM" section.
- ☐ 8. Put address of proper election official in the "TO" section of the envelope. This address must be the same local election official address where you previously submitted your registration as ballot application.

Extra national airmail postage is required if not mailed in the U.S. Postal system or APO/FPO overseas, or Diplomatic Mailbox.

NOW, YOU ARE READY TO MAIL THIS ENVELOPE!

TO:

Registrar of Voters

East Baton Rouge Parish

222 St. Louis #201

Baton Rouge, LA 70802-5860

REMOVE TAPE ON REVERSE AND FOLD HERE TO SEAL

Federal Voting Assistance Program

Insert sealed Security Envelope containing Write-In Ballot into Mailing Envelope and mail

At the top left, name and address, complete military or overseas mailing address:

James Larry Jones
31 Redcliff Gardens SW7
London
United Kingdom

U.S. Postage Paid
39 USC 3606

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL

NO POSTAGE NECESSARY IF THE U.S. MAILED - DMM F080

Standard Form 100, Rev. 11-80
Revised under Public Law 96-481
39 USC 3606
400 edition may be used.

MAILING ENVELOPE
VOTER

YOU SEAL THIS MAILING ENVELOPE. CHECK THE FOLLOWING:

Complete the Voter's Declaration/Affirmation for each of this envelope's.
Sign and date the Voter's Declaration/Affirmation.
Mark your Ballot.

Put your voted Ballot in the Security envelope, remove tape and seal Security Envelope.

Put the sealed Security Envelope in the Mailing Envelope.
Remove tape and seal the Mailing Envelope.

Put your name and current complete military or overseas mailing address in the "FROM" envelope.

Put address of absentee election official in the "TO" portion of the envelope.
This address must be the same local election official address where you previously submitted your request as ballot application.

One national airmail postage is required if not mailed in the U.S. Postal system or AFMPO system, or Diplomatic pouch.

IF YOU ARE READY TO MAIL THIS ENVELOPE!

TO: Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860

REMOVE TAPE ON REVERSE AND FOLD HERE TO SEAL

FEDERAL WRITE-IN ABSENTEE BALLOT

SECURITY ENVELOPE

(ONLY PUT VOTED BALLOT
INSIDE THIS ENVELOPE)

Federal Voting Assistance Program

DoD Voting Information Center

Toll-free
800-438-VOTE (8683)



Federal Voting Assistance Program

Voting News Releases & Newsletter

Request via e-mail: vote@fvap.ncr.gov or vote@fvap.gov

Voting Information News
October 2001 — Vol. 11, 10

*A roundup of voting news from the Federal Voting Assistance Program (FVAP)
For voters, potential voters and those who assist voters.*

2001 Voting Slogan Contest Results

On-line at
www.fvap.ncr.gov
or
www.fvap.gov

VOTING INFORMATION

Prepared by: Federal Voting Assistance Program, Office of the Secretary of Defense, Pentagon, Washington, D.C. 20301-1155

NUMBER: _____ **DATE:** _____

Special Election

Issue Highlights:

- Stateside 2
- FVAP Office –
- Safe and Open
- The OFPCA
- Tips for Filling
your FPCA
- Voting Assistance
Officers
- “To Do” This Month

✓ Be prepared! Start planning your 2001 voter training sessions early enough so that those citizens in:

Federal Voting Assistance Program

Communicating with Your Elected Officials

[Greeting from the Director](#)

[Voter Assistance](#)

[The Legislative Process](#)

[Key Election Terms](#)

[Federal Elections and Officials](#)

[State and Local Elections
and Officials](#)

[Tips for Telephoning Your
Senator or Congressperson](#)

[Tips to Writing To Your
Elected Officials](#)

[Who is my Representative?](#)

[Return to Main FVAP
Web Page](#)

Click on the links below to get information about your
Elected Officials:



[The US Senate](#)



[The US House of Representatives](#)



[National Governors' Association](#)

Federal Voting Assistance Program

*How To
Do It!
Vote
Absentee*

On-line at
www.fvap.ncr.gov
or
www.fvap.gov



Federal Voting Assistance Program



Election Dates Let your voice be heard

This chart lists the 2002 State primary election dates in all the States, Territories, and the District of Columbia; primary runoff dates (if applicable); states with U.S. Senate and Governor races; and the number of U.S. Representative seats up for re-election. *The General Election is Tuesday, November 5, 2002.*

State	State Primary Date	State Runoff Primary (if necessary)	Officials to be Nominated for the General Election		
			U.S. Senator	U.S. Representative	Governor
Alabama	June 4	June 25	Yes	7	Yes
Alaska	August 27	-	Yes	1	Yes
American Samoa	-	-	-	-	-
Arizona	September 10	-	-	8	Yes
Arkansas	May 21	June 11	Yes	4	Yes
California	March 5	November 5	-	53	Yes
Colorado	August 13	-	Yes	7	Yes
Connecticut	September 10	-	-	5	Yes
Delaware	September 7	-	Yes	1	-
District of Columbia	September 10	-	Yes	1 Delegate	(Mayor)
Florida	September 10	-	-	25	Yes
Georgia	July 16	August 6	Yes	13	Yes
Guam	September 7	-	-	1 Delegate	-
Hawaii	September 21	-	-	2	Yes
Idaho	May 28	-	Yes	2	Yes
Illinois	March 19	-	Yes	19	Yes
Indiana	May 7	-	-	9	-
Iowa	June 4	-	Yes	5	Yes
Kansas	August 6	-	Yes	4	Yes
Kentucky	May 28	-	Yes	6	-
Louisiana	November 5 (Congressional)	December 7 (Congressional)	Yes	7	-
Maine	June 11	-	Yes	2	Yes
Maryland	September 10	-	-	8	Yes
Massachusetts	September 17	-	Yes (1)	10	Yes
Michigan	August 6	-	Yes	15	Yes
Minnesota	September 10	-	Yes	8	Yes
Mississippi	June 4	June 25	Yes	4	-
Missouri	August 6	-	Yes	9	-
Montana	June 4	-	Yes	1	-
Nebraska	May 14	-	Yes	3	Yes
Nevada	September 3	-	-	3	Yes
New Hampshire	September 10	-	Yes	2	Yes
New Jersey	June 4	-	Yes	13	-
New Mexico	June 4	-	Yes	3	Yes
New York	September 10	-	Yes	29	Yes
North Carolina	May 7	June 4	Yes	13	-
North Dakota	June 11	-	-	1	-
Ohio	May 7	-	-	18	Yes
Oklahoma	August 27	September 17	Yes	5	Yes
Oregon	May 21	-	Yes	5	Yes
Puerto Rico	May 21	-	-	21	Yes
Rhode Island	-	-	-	-	-
Rhode Island	September 10	-	Yes	2	Yes
South Carolina	June 11	June 25	Yes	6	Yes
South Dakota	June 4	June 18	Yes	1	Yes
Tennessee	August 1	-	Yes	9	Yes
Texas	March 12	April 9	Yes	32	Yes
Utah	June 25	-	-	3	-
Vermont	September 10	-	-	1	Yes
Virgin Islands	September 14	-	(VI Legislature)	1	Yes
Virginia	June 11	-	Yes	11	-
Washington	September 17	-	-	9	-
West Virginia	May 14	-	-	3	-
Wisconsin	September 10	-	-	8	Yes
Wyoming	August 20	-	Yes	1	Yes

For more information contact your Local Voting Assistance Office.

Name: _____ Telephone: _____

Location: _____ E-mail: _____

Voting Information Election Calendar

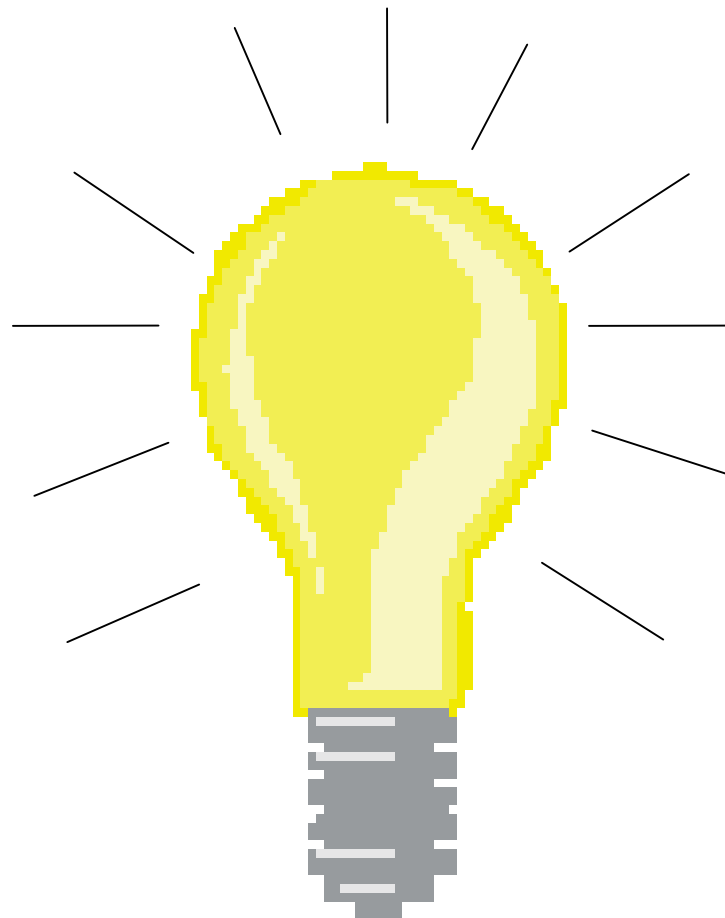
Federal Voting Assistance Program Motivational Poster



Features a 2001 Slogan Contest Winner

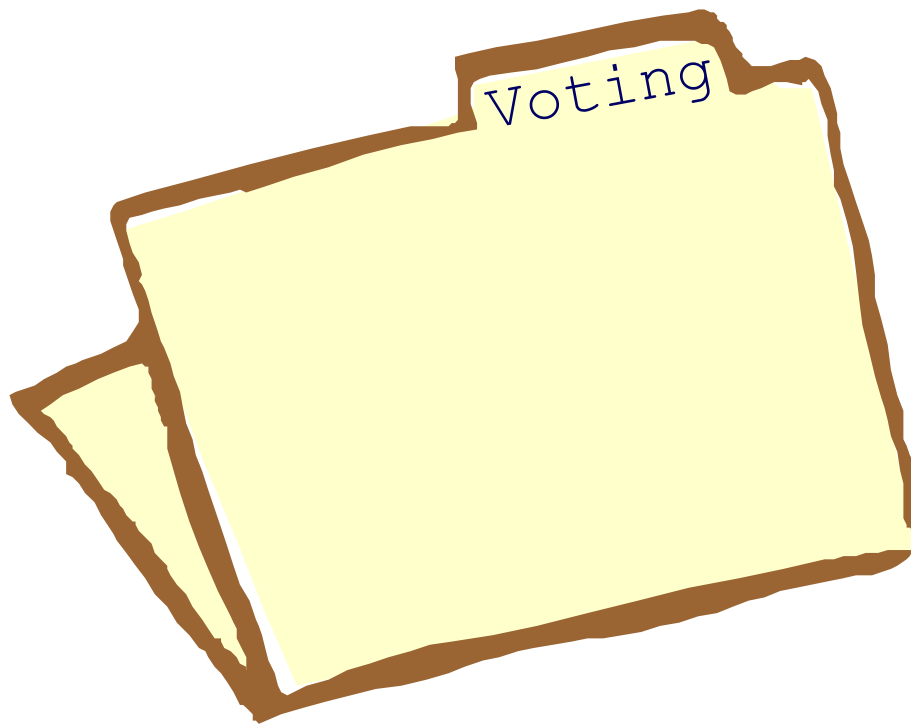
Federal Voting Assistance Program

Best Practices



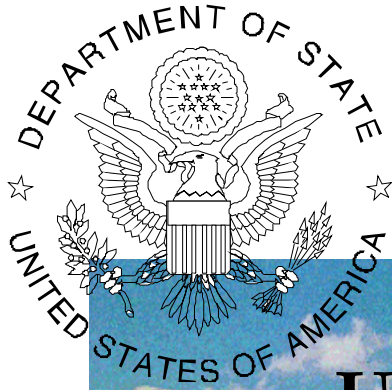
Federal Voting Assistance Program

Voting Information Continuity Folder



Federal Voting Assistance Program

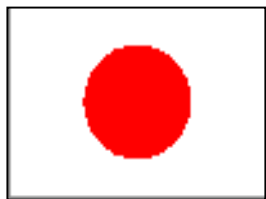
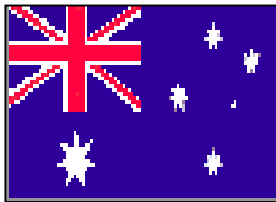
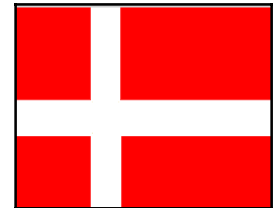
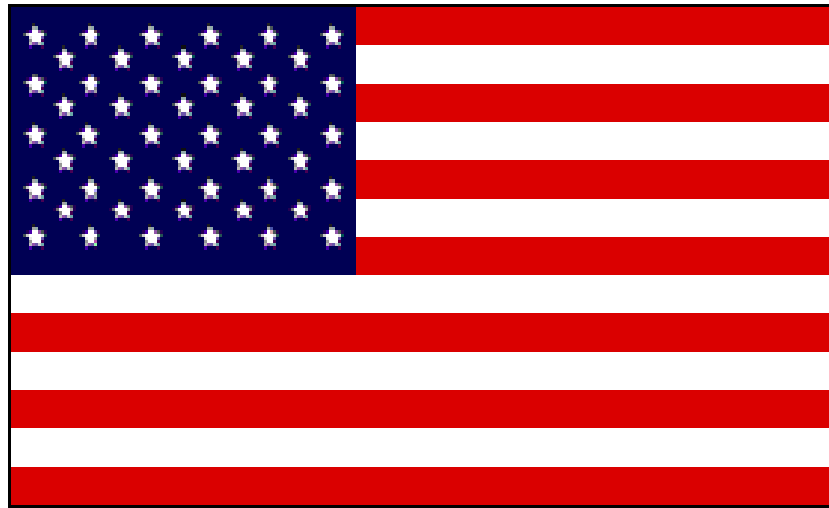
Embassy and Consulate Support



United States Department of State

Federal Voting Assistance Program

Working with Other Governments



Federal Voting Assistance Program




Things to Remember

- ☑ 4 FPCA forms per person
- ☑ Deliver FPCAs in-hand by:
15 August 2002
- ☑ Overseas Citizen Voters' Week
June 30 – July 6, 2002

As a VAO it's Easy to Help Make a Difference

- ☑ Assist with Registration
- ☑ Encourage Voting
- ☑ Circulate Forms, Materials and Information
- ☑ Visit www.fvap.ncr.gov or www.fvap.gov often



Remember to notify your LEO of all address changes!

Federal Voting Assistance Program

Voting Workshop

